Metropolitan Achievement Tests — Elementary Form KS

Complete Survey Battery

Name _____ Grade 5

Teacher _____ Date of Testing _____

School _____ City _____ State _____

Score Summary Box

Test	Number Possible	Number Right	Scaled Score	Grade Equivalent	Percentile Rank	Stanine	Instructional Reading Level
Reading	60	51	694	4.6	72%	1 2 3 4 5 **6** 7 8 9	5
Mathematics	50	24	534	3.2	36%	1 2 3 **4** 5 6 7 8 9	
Language	60	43	629	4.7	66%	1 2 3 4 5 **6** 7 8 9	
Science	45	25	556	4.0	58%	1 2 3 4 **5** 6 7 8 9	
Social Studies	45	27	599	4.7	74%	1 2 3 4 5 **6** 7 8 9	
Basic Battery (R+M+L)	170	118	620	4.2	60%	1 2 3 4 5 **6** 7 8 9	
Complete Battery (Basic+S+SS)	260	170	599	4.2	62%	1 2 3 4 5 **6** 7 8 9	

Percentile Ranks and Stanines based on tables for Fall ☐ Spring ☒

Cluster Analysis

READING

Performance by grade level of reading passages

Grade 2	Grade 3	Grade 4	Grade 5	Grade 6
12	15	16	11	6

Performance by objective

04 Vocabulary	05 Literal Specific	06 Literal Global	07 Inferential Specific	08 Inferential Global	09 Evaluative
6	32	7	9	4	2

MATHEMATICS

Numeration	Geom & Meas	Problem Solving	Operations Whole No	Operations Laws & Prop
10	13	10	11	6

LANGUAGE

Listening Comp	Punc & Cap	Usage	Grammar & Syntax	Spelling	Study Skills
5	19	9	9	12	6

SCIENCE

Behavior

I Knowledge	II Comprehension	III Inquiry Skills	IV Critical Anal
13	8	17	7

Content Area

Physical	Earth & Space	Life
11	14	20

SOCIAL STUDIES

Behavior

I Knowledge	II Comprehension	III Inquiry Skills	IV Critical Anal.
7	12	16	10

Content Area

Geography	Sociology	Economics	Political Science	History	Anthropol	Psychology
9	3	10	7	8	5	3

009093

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Metropolitan Achievement Tests — Elementary Form KS

Complete Survey Battery

Name Lee Mann Grade 4th

Teacher Mrs. Lynch Date of Testing April 1997

School Westwood Elem. City Cincinnati State Ohio

Score Summary Box

Test	Number Possible	Number Right	Scaled Score	Grade Equivalent	Percentile Rank	Stanine	Instructional Reading Level
Reading	60	49	684	4.2	42	1 2 3 4 (5) 6 7 8 9	4
Mathematics	50	21	507	2.8	10	1 (2) 3 4 5 6 7 8 9	
Language	60	42	618	4.4	44	1 2 3 4 (5) 6 7 8 9	
Science	45	29	603	4.9	50	1 2 3 4 (5) 6 7 8 9	
Social Studies	45	38	609	4.9	50	1 2 3 4 (5) 6 7 8 9	
Basic Battery (R+M+L)	170	112	605	3.8	30	1 2 3 (4) 5 6 7 8 9	
Complete Battery (Basic+S+SS)	260	169	589	4.1	38	1 2 3 (4) 5 6 7 8 9	

Percentile Ranks and Stanines based on tables for Fall ☐ Spring ☑

Cluster Analysis

READING

Performance by grade level of reading passages

Grade 2: 12 | Grade 3: 15 | Grade 4: 16 | Grade 5: 11 | Grade 6: 6

Performance by objective

04 Vocabulary	05 Literal Specific	06 Literal Global	07 Inferential Specific	08 Inferential Global	09 Evaluative
6	32	7	9	4	2

MATHEMATICS

Numeration	Geom & Meas	Problem Solving	Operations Whole No.	Operations Laws & Prop.
10	13	10	11	6

LANGUAGE

Listening Comp	Punc & Cap	Usage	Grammar & Syntax	Spelling	Study Skills
5	19	9	9	12	6

SCIENCE

Behavior

I. Knowledge	II. Comprehension	III. Inquiry Skills	IV. Critical Anal.
13	8	17	7

Content Area

Physical	Earth & Space	Life
11	14	20

SOCIAL STUDIES

Behavior

I. Knowledge	II. Comprehension	III. Inquiry Skills	IV. Critical Anal.
7	12	16	10

Content Area

Geography	Sociology	Economics	Political Science	History	Anthropol.	Psychology
9	3	10	7	8	5	3

009094

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COMMUNITY DIAGNOSTIC AND TREATMENT CENTER

A Division of Central Psychiatric Clinic

909 Sycamore Street, Suite 300
Cincinnati, Ohio 45202
Phone: (513) 651-9300
Fax: (513) 352-1345

WALTER S. SMITSON, PH.D.
Executive Director

NANCY SCHMIDTGOESSLING, PH.D.
Director

WILLIAM WALTERS, PH.D.
Assistant Director

GAIL HELLMANN, M.D.
Medical Director

MARILYN GEEDING, L.I.S.W.
Treatment Coordinator

SHERRY SANDERS, L.P.C.C.
Forensic Liaison

CHARLOTTE E. HOLLAND
Office Manager

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UNIVERSITY LIAISON

DONALD C. HARRISON, M.D.
JAMES RANDOLPH HILLARD, M.D.

September 2, 1994

Central Baptist School
Attn: School Records
7645 Winton Road
Cincinnati, Ohio 45214

RE: Lee Edward Moore DOB: 10-19-74

TO WHOM IT MAY CONCERN:

Enclosed is a signed Authorization for Release of Information form regarding the above-named person.

Our agency is under a very strict time-frame to provide a comprehensive report to the Court, therefore, we would greatly appreciate information from you as soon as possible.

Thank you in advance for your prompt and courteous attention to this matter.

Sincerely,

Jenny O'Donnell, B.S.
Psychology Trainee

009095

CENTRAL PSYCHIATRIC CLINIC
COMMUNITY DIAGNOSTIC AND TREATMENT CENTER
909 Sycamore Street, Suites 300 and 400, Cincinnati, OH 45202
513-651-9300

I, the undersigned, hereby authorize the Community Diagnostic and Treatment Center to release/obtain information from records pertaining to the person named below to/from the agency/person indicated. This authorization includes release of information concerning evaluation/treatment of drug or alcohol abuse, drug-related conditions, alcoholism, psychiatric/psychological conditions, Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), and/or tests for antibodies to the AIDS virus (HIV). All matters pertaining to client records are considered privileged and confidential and are treated as such by the employees of the program. Information regarding such matters cannot be given without the consent of the client. PROHIBITION ON REDISCLOSURE: Information disclosed or requested from records whose confidentiality is protected by Federal or State Law, may not be disclosed without the specific written consent of the person to whom it pertains.

AGENCY/PERSON Central Baptist School Attn: School Records

ADDRESS 7645 Winton Road; (14)

PURPOSE/NEED FOR DISCLOSURE of information between Community Diagnostic and Treatment Center and the agency/person named above: Aid in court-ordered evaluation/treatment of the person named below. OR _____

The following information may be released or reviewed:

( ) Discharge Summary
( ) Face Sheet with Final Diagnosis
( ) Complications & Operative Procedures
( ) History and Physical
( ) Consultative Report(s)
( ) Inpatient ( ) Outpatient
( ) Reports of Tests or X-rays
( ) Emergency Treatment(s)
( ) Outpatient Clinic Notes
Specify Clinic: _____
(✓) Other All Records
( ) Emergency Department

This Authorization for Release of Information may be revoked by me at any time with written notice to the parties involved, except to the extent action has been taken prior to revocation. This Authorization for Release of Information will expire ninety (90) days after date below, or sooner by my choice, in which case this consent will expire on _____.

I hereby acknowledge that I have read and fully understand the above statements as they apply to me. I hereby consent to the disclosure of the records to the purpose and extent stated above.

FULL NAME OF CLIENT Lee Moore Middle (Edward) Lee E Moore Jr. (Signature of Client)

Date of Birth 10-19-74

Social Security No. [redacted] 9-1-94 (Date)

PLEASE FORWARD REQUESTED INFORMATION TO: Jenny O'Donnell
Community Diagnostic and Treatment Center, 909 Sycamore Street, Suites 300 and 400, Cincinnati, OH 45202.

This authorization was facilitated by _____ (Staff member's signature)

Date 9-1-94

c: To be retained in Client Record

PLEASE FILL OUT THE COMPLETE FORM

CENTRAL BAPTIST SCHOOLS

STUDENT APPLICATION

New Student ___
Old Student X

Name of school district in which you reside Mt. Healthy

Student's Name Moore, Lee E.
Last First Middle

Address 1280 Meredith Ln Centi, Ohio 45231
Street City State Zip Code

Home Phone 522-1092 Age 5 Date of Birth 10/9/74 Sex M Grade 1st Permission for Field Trips yes Place of Birth Hamilton, Ohio
County State

Father's Name Moore, Lee E.
Last First Middle

Place of Employment City of Centi Phone ———

Mother's Name Moore, Georgia L.
Last First Middle

Have parents been separated? no Divorced? no Remarried? no

If Mother works List Company Address and Phone G.M.A.D - 4726 Smith Rd, Norwood, Ohio 45212

Dr's Name Vockell Phone 521-3042 Person to call if parents cannot be reached Evelyn Rolland Phone 522-6512 List name and address of school where records may be obtained _____ Zip code _____. Has the child ever failed ___ if so, explain _____

Been Susponded? _____ if so, explain _____

Been expelled? _____ If so, explain _____

Church affiliation Fryed Stone Baptist Member? yes attend regular yes often ___ Seldom _____ is child member of church no

We understand that the Central Baptist Schools operates on an extrememly tight financial budget and that it is absolutely necessary that all tuition be paid promptly on the first of each month. If for any reason we do not pay our tuition we understand that there will be a penalty charge of 35% on the balance due and it will be collected by the school or an agency.

Our Payments will be paid the first of each month in 9 equal payments ✓, in 12 equal payments _____, or full payment by Sept. 1, 1980 for a 5% discount ___. We also agree to uphold the Rules of Conduct stated in the School Handbook, and grant to School Authorities the right to discipline our child as stated. We will also see that our child abides by the dress code and will cooperate with the teacher.

SIGNATURE OF MOTHER OR FATHER Georgia L. Moore

009097

Pay for Oct 9/6-8
Rec # 131

Please Fill out
The Comple Form

CENTRAL BAPTIST SCHOOLS
STUDENT APPLICATION

Date 7-8-81
New Student ____
Old Student X

Name of school district in which you reside Mt. Healthy

Student's Name Mace Jr. [illegible]
Last First Middle

Home Address 1250 Woodbine Ave Cincinnati Ohio 45231
Street City State Zip Code

Home Phone 521-1012 Age 6 Date of Birth 6-19-74 Sex Male

Grade 2 Permission for Field Trips yes Place of Birth Hamilton
County

Ohio State.

Father's Name Mace [illegible] F
Last First Middle

Place of Employment ---- Phone ----

Mother's Name Mace, Georgia X.
Last First Middle

Have parents been separated? ____ Divorced? yes Remarried? ____

If Mother works list Company, Address and Phone W. M. Ansell Agency Inc - Richmond Plaza, P.O. Box 1212, Norfolk, VA 23512 - 841-5000

Dr's Name Unknown Phone 521-3042 Person to call if parents cannot be reached Lucie Green Phone 221-8346 List name and address of school where records may be obtained ----

ZipCode ____. Has the child ever failed ____

if so, explain ____

Been suspended? ____ if so, explain ____

Been expelled? ____ if so, explain ____

Church affiliation Third Street Baptist Member? yes Attend regular yes often ____ Seldom ____ is child member of church Yes

We understand that the Central Baptist Schools operates on an extremely tight financial budget and that it is absolutely necessary that all tuition be paid promptly on the first of each month. If for any reason we do not pay our tuition we understand that there will be a penalty charge of 35% on the balance due and it will be collected by the school or an agency. Our Payments will be paid the first of each month in 9 equal payments ____ in 12 equal payments ____, or full payment by Aug. 31, 1981 for a 5% discount ____. We also agree to uphold the Rules of Conduct stated in the School Handbook, and grant to School Authorities the right to discipline our child as stated. We will also seethat our child abides by the dress code and will cooperate with the teacher.

SIGNATURE OF MOTHER OR FATHER Georgia X Mace

009098

CENTRAL BAPTIST SCHOOLS
7645 Winton Road
Cincinnati, Ohio 45224

Date Received 5/17/82
New Student
Old Student ✓
Reg. Fee Rec'd # 1392
Date Accepted
Date Rejected
Date Notified

Complete All Blanks on Application-
Please Print or Type

Applying for grade 3
Student's Name Moore, Lee L.
Last First Middle
Present Address 1280 Meredith Centi, Ohio 45231
Street City State Zip
Phone 522-1092 Age 7 Sex M Birth Date 10/19/74 Birthplace Cinti
Last school attended before C.B.S. ——— Grade ———
Has applicant ever failed a grade, been dismissed, or suspended? no
If so, Please explain ———
Has applicant been in any special programs such as remedial reading, remedial math, special education, etc. (please be specific) no

PERSONS OTHER THAN PARENTS WHO COULD BE CONTACTED IN CASE OF EMERGENCY:
Name Lizzie Rees Relation Grandmother Phone 221-8346
Name ——— Relation ——— Phone ———
Doctor's Name Dr Vockell Phone 761-1533
Name of Father/Legal Guardian ——— Job Title ———
Employer of Father/Legal Guardian ——— Phone ——— Ext. ———
Name of Mother/Legal Guardian Georgia Moore Job Title Sr Clerk
Employer of Mother/Legal Guardian G.A. Assembly Dist Phone 841-5339 Ext. ———
Does applicant live with Father and Mother? — Father only? — Mother only? ✓
Guardian only? — Has either parent been divorced? — Is Father of applicant a Christian? — Mother yes Guardian? — Does applicant know Jesus Chr as Personal Savior? ——— (to be answered only by those students in grades 7-
If so, please give brief testimony (tobe answered by student only)

Name of church attended by family Tri-State Missionary Bapt Ch
School District in which you reside Mt. Healthy
Please list District and not local school since we are required to file repor with each district.

009099

The Central Baptist School admits students of any race, color, or ethnic origin to all the rights, privileges, programs and activities."

Central Baptist Schools
7645 Winton Road
Cincinnati, Ohio 45223

Date Received 5/6/83
New Student
Old Student ✓
Reg. Fee Rec'd #2617
Date Accepted
Date Rejected
Date Notified

Complete All Blanks on Application-
Please Print or Type

Applying for grade 4
Student's Name Moore (Last), Lee (First), E. (Middle)
Present Address 1280 Meredith (Street) Cinti (City), Ohio (State) 45231 (Zip)
Phone 522-9203 Age 8 yrs Sex M Birth Date 10/19/74 Birthplace Cinti Oh
Last school attended before C.B.S. — Grade —
Has applicant ever failed a grade, been dismissed, or suspended? no
If so, Please explain —
Has applicant been in any special programs such as remedial reading, remedial math, special education, etc. (please be specific) no

PERSONS OTHER THAN PARENTS WHO COULD BE CONTACTED IN CASE OF EMERGENCY:
Name Jackie Johnson Relation sister Phone 961-7040
Name Beverly Parker Relation sister Phone 530-3603
Doctor's Name Dr. James Kegler Phone 961-4420
Name of Father/Legal Guardian Lee E. Moore, Sr. Job Title Cement-Finish
Employer of Father/Legal Guardian City of Cinti Phone — Ext. —
Name of Mother/Legal Guardian Geralyn L. Moore Job Title Sr Clerk
Employer of Mother/Legal Guardian G. Massey Div Phone — Ext. —
Does applicant live with Father and Mother? — Father only? — Mother only? X
Guardian only? — Has either parent been divorced? yes Is Father of applicant a Christian? no Mother yes Guardian? — Does applicant know Jesus Chris as Personal Savior? — (to be answered only by those students in grades 7-12
If so, please give brief testimony (tobe answered by student only)

Trusts

Name of church attended by family Stone Missionary Baptist Church
School District in which you reside Mt. Healthy-Colerain Towns
Please list District and not local school since we are required to file reports with each district.

009100

MT. HEALTHY CITY SCHOOLS

DEPARTMENT OF PUPIL PERSONNEL

REX RALPH ELEMENTARY SCHOOL
1310 ADAMS ROAD
CINCINNATI, OHIO 45231

Parent Consent for Record Release

As Parent and/or Guardian of:

Name of Student Lee E. Moore, Jr. +

Date of Birth 10/19/74

Grade in School 4

Reason for Request: Changing Schools sent 9/18/84

Specific Records/Data to be Released:
All Health
All academic available

RELEASED TO:

I have been informed that I have a right to receive a copy of records being sent and will be charged a fee for their reproduction.

Date 8-20-84 Georgia L. Moore +
Signature

STAFF MEMBER:
Geri Kelber
Name

mother
Relationship

Secty.
Title

Address

REX RALPH ELEMENTARY SCHOOL
1310 ADAMS ROAD
CINCINNATI, OHIO 45231

#P-11a Rev. 9/81

KINDERGARTEN PROGRESS REPORT

NAME Moore, Lee

XPLANATION OF SYMBOLS

—es M—Most of the Time S—Some of the Time N—Not Yet

hese evaluations are the teacher's appraisal of your child's own progess in relation to that which is normally expected of kindergarten hildren.

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201600

	1	2	3	4
HYSICAL DEVELOPMENT				
Shows large muscle control in activities such as skipping, running, and hopping	Y	Y	Y	Y
Demonstrates small muscle control when handling crayon, pencil, and scissors	N	M	M	Y
OCIAL AND EMOTIONAL DEVELOPMENT				
Has made friends in school	Y	Y	Y	Y
Shows self-confidence	M	Y	Y	Y
Respects rights and properties of others	Y	Y	Y	Y
Gets along with other children	Y	Y	Y	Y
Shares materials and helps willingly	Y	Y	Y	Y
Is courteous	Y	Y	Y	Y
Shares teacher's attention	M	M	M	M
Responds favorably to correction	Y	M	M	M
ALTH AND SAFETY HABITS				
Practices good health habits	S	Y	Y	Y
Follows safety habits and rules of school	M	M	M	M
ORK HABITS				
Listens attentively	M	M	M	M
Follows directions	M	M	M	M
Works independently	M	M	M	Y
Finishes assigned work	N	M	M	Y
Shows reasonable attention span	Y	Y	Y	Y
Does his share of cleaning up	Y	Y	Y	Y

	1	2	3	4
LANGUAGE DEVELOPMENT				
Basic Knowledge				
Knows full name	Y	Y	Y	Y
Knows complete address	Y	Y	Y	Y
Knows telephone number of home	Y	Y	Y	Y
Knows days of week	Y	Y	Y	Y
Knows basic colors	Y	Y	Y	Y
Knows left from right	Y	Y	Y	Y
Knows basic shapes	Y	Y	Y	Y
Skills and Habits				
Speaks clearly and is easily understood	Y	Y	Y	Y
Uses adequate vocabulary to express ideas	Y	Y	Y	Y
Shows interest in books, stories, poetry, and pictures	Y	Y	Y	Y
Writes letters and numerals with reasonable skill	Y	Y	Y	Y
Prints his name	Y	Y	Y	Y
Letters and Sounds				
Recognizes sounds of letters taught	Y	Y	Y	Y
Knows names of letters taught	Y	Y	Y	Y
Can blend sounds into words	Y	Y	—	Y
THINKING SKILLS				
Expresses his own ideas before group	S	S	S	S
Uses thought to give sensible answers	Y	Y	Y	Y
COUNTING AND MEASURING				
Recognizes numerals	Y	Y	Y	Y
Understands counting order	Y	Y	Y	Y
Understands quantity of numerals	Y	Y	Y	Y
Estimates with reasonable accuracy	Y	Y	Y	Y
Understands number facts and skills taught	Y	Y	Y	Y
ART				
Demonstrates ability to work with a variety of art media	Y	Y	Y	Y
MUSIC				
Takes part in rhythmic activities	Y	Y	Y	Y
Participates in singing	Y	Y	Y	Y
BIBLE WORK				
Listens and discusses	N	S	S	S
Fulfills memory work	Y	M	Y	Y

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NAME Moore, Lee I (Sex (M) F)
(Last) (First) (Middle) (Check)

Date of birth 12 17 74 Date Entered School
(Month) (Day) (Year) (Month) (Day) (Year)

Place of birth Cinti, Oh. Authority for Birth Data

PUPILS' CUMULATIVE RECORD

SEMESTER RATING ELEMENTARY GRADES (1-8)

CENTRAL BAPTIST SCHOOL
7645 Winton Road
Cincinnati, Ohio 45224

(City, County, Ex. Village, Private or Parochial)
Date of leaving School if not graduated
Cause of Leaving

009103

NAME OF SCHOOL	Grade	Final/Semester	School Year	NAME OF TEACHER	Study Habits	Conduct	Days Present	Days Absent	Times Tardy	Reading	Writing	Spelling	Arithmetic	Language or Gram.	Geography	History or Civics	Physiology	Health and Phys. Ed.	Music	Art	Bible	Social St	Hlth. Ed.	Science	Special Interest or Aptitu of Child
CB	1		80-81	Mrs. Moore		C	180	0	4	B	D+		B	C				B	B	B-	B-	B-	B-	B-	
CB	2		81-82	Mrs. Singleton		C	179	1	2	C	B	B	C	B				C	C	C	C	C	C	C	
CB	3		82-83	Miss Rudolph		C	176	4	0	C	C	B	C	B				B	B	B	A	B	C	B	
CBS	4		83-84	MRS. BYRD		C	168½	11½	0	C	C	C	F	F				-	P	P	D	D	P	C	retained

The Grading System Is as Follows: A (Exceptional) 100-93 B (Above Average) 92-85 C (Average) 84-75 D (Below Average) 74-70 F (Failing)

EDUCATIONAL TEST DATA

School	Grade	Date	Name of Test	Form	Score	Stanine	%	G.E.
CB	1	4/81	Metropolitan	Js	See folder			
"	2	4/82	"	"	"			
CB	3	4/83	"	"	See folder			
CBS	4	4/84	"	"	KS	SEE FOLDER		

EDUCATIONAL TEST DATA

School	Grade	Date	Name of Test	Form	Score	Stanine	%

Teacher ____

Student Moore, [illegible] Year 2001

Subjects	First	Second	Third	Fourth	Final
Bible	D+	B	B	A	B-
Health	C+	B-	A-	B	B
Languages			C+	C-	C
Mathematics	A	C	A-	B	88.75 B
Reading	B	A	B	B	91 B
Science	B	A-	C+	C-	B-
Social Studies	C+	B	B	B-	B-
Spelling					
Music	B	B	B	B	B
Art	B	C	B	C+	B-
Physical ed.	B	B	A	A	B+
Conduct	C	C	C-	C+	C
Penmanship	D+	C-	D+	D	D+

	First	Second	Third	Fourth	Final
No. Days Absent	0	0	0	0	0
No. Days Present	43	42	48	47	180
No Tardies	1	0	3	0	4

Teacher Singleton

Grade 2

Student Moore, Lee Year 1981-82

Subjects	First	Second	Third	Fourth	Final
Art	B	C	B	C	C
Bible	90 B	85 B	81 C	C	C
Conduct	C	C	C	C	C
Health	———	———	75 C	79 C	C
Language	90 B	88 B	85 B	C	B
Mathematics	83 C	70 D	74 D	79 C	C
Music	B	C	C	C	C
Penmanship	A	B	C	C	B
Physical Ed	C	C	C	B	C
Reading	C	C	B	C	C
Science	B	C	B	C	C
Social St	B	C	C	C	C
Spelling	B	B	B	C	B
No. Days Present	43	44	46	46	179
No. Days Absent	0	0	1	0	1
No. Times Tardy	0	0	0	0	0

Central Baptist School

Teacher Miss Rudolph

Grade 3

Student Moore, Lee Year 1982 - 1983

Subjects	First	Second	Third	Fourth	Final
Art	B	B	C	B	B
Bible	94-A	96-A	87-B	97-A	94-A
Conduct	C	C	C	C	C
Health	91-B	81-C	83-C	89-B	86-B
Language	86-B	92-B	84-C	90-B	88-B
Mathematics	79-C	83-C	80-C	84-C	82-C
Music	A	90/B	C	B	B
Penmanship	84-C	84-C	85-B	84 C	84 C
Physical Ed	C	C	C	C	C
Reading	85-B	83-C	83-C	80-C	83-C
Science	83-C	95-A	89-B	89 B	89 B
Social St	79-C	89-B	92-B	83 C	86 B
Spelling	91-B	92-B	85-B	80-C	87-B
No. Days Present	46	44	44	42	176
No. Days Absent	1	0	2	0	4
No. Tardies	1	0	0	0	0

Comments.

Lee is in the speech program. His grades do not reflect his potential

[X] Passed
[ ] Probation
[ ] Conditional
[ ] Retained

009106

Teacher Mrs. Byrd

Grade 4

Student Lee Moore Year 1983 - 1984

Subjects	First	Second	Third	Fourth	Final
Art	P	P	P	P	P
Bible	91 B	74 D	69 F	48 F	70 D
Conduct	D	C	C	C	C
Health/Science	88 B	75 C	75 C	68 F	76 C
Language	82 C	71 D	61 F	62 F	69 F
Mathematics	77 C	74 D	72 D	50 F	68 F
Music	P	P	P	P	P
Penmanship	91 B	73 D	72 D	70 D	76 C
Physical Ed.	P	P	P	P	P
Reading	85 B	80 C	72 D	70 D	76 C
Social St.	85 B	83 C	78 C	50 F	74 D
Spelling	90 B	74 D	76 C	71 D	78 C
No. Days Present	41½	41	44	42	168½
No. Days Absent	½	5	2	4	11½
No. Tardies	1	0	0	0	0

Comments

Lee needs help with basic math facts. He has difficulty in finishing a task. He has poor concentration. Very immature. Has trouble relating to others, never thinks he is wrong.

☐ Passed
☐ Probation
☐ Condition
☒ Retained

009107

IMPORTANT HABITS AND ATTITUDES

Listed below are some of the habits and attitudes considered important in Christian schools.

Student Lee

Christian Conduct	1	2	3	4	Final	
Manifests a responsive attitude toward spiritual matters, such as the Word of God, devotions, etc.						
Is humble and shows Christian love and forbearance toward others during work and play.						
Is respectful, giving prompt and cheerful obedience.						
Is courteous, helpful, and cooperative toward others.	D					
Respects rights and property of others.	D					
Works independently without disturbing others.						
Uses time to good advantage.	D					
Perseveres in face of difficulty.						
Listens attentively, showing interest in work at hand.						
Is conscientious and prompt in completing assignments.						
Conduct	D	C	C	C	C	
TEACHER'S EVALUATION OF STUDENT'S PASSING STATUS						

year 1983-1984

Office of the Ohio Public Defender
8 East Long Street
Columbus, Ohio 43215-2998
(614) 466-5394
FAX NUMBER: (614) 644-9972

DAVID H. BODIKER
State Public Defender

Date Rec'd

1st Follow-up

2nd Follow-up

October 13, 1999

University Hospital
234 Goodman
Cincinnati, Ohio

Attention: Medical Records

Re: State of Ohio v. Lee E. Moore

Dear Sir/Madam:

Please be advised that the Ohio Public Defender is representing Lee E. **Moore** in the above referenced matter. The information requested herein is necessary for a detailed social history to be completed on his behalf.

In our efforts to properly represent **Mr. Moore** we are requesting that you provide us with any and all medical records regarding Mr. Moore. These records should include, but are not limited to:

MEDICAL

- admission and release dates;
- presenting problems, diagnoses, treatment plans
- and attending physicians' names'
- referrals, if applicable;
- prescriptions;
- testing and test outcomes including: X-rays,
- psychological evaluations, urine
- tests, blood tests, CAT scans, etc.

To assist you in locating these records, Mr. Moore's birthdate is 10/19/74 and his social security number is [redacted]. His parents are Lee & Georgia Moore.

In addition to our records request stated above please indicate the name of your agency's custodian of records, as it may be necessary to have the authenticity of the documents verified. Please forward this information to Ohio Public Defender, Attn: Jessica H. Love on or before October 27, 1999.

An authorization for release of all such records is enclosed for your files.

Sincerely,

Jessica H. Love
Mitigation Specialist

JL/cw

Enclosure

#99388v1

Office of the Ohio Public Defender
8 East Long Street
Columbus, Ohio 43215-2998
(614) 466-5394
FAX NUMBER: (614) 728-3670

AUTHORIZATION TO RELEASE INFORMATION

TO: University Hospital
234 Goodman
Cincinnati, OH

RE: State of Ohio v. Lee E. Moore

DATE: 10/13/99

You are hereby authorized to release to the Office of the Ohio Public Defender all records or other documents currently in your possession. Their representative may examine and make copies of all of my medical, psychological, hospital, police, and employment records, or any other records he/she may deem necessary in his/her work on my behalf. You are authorized to discuss these records and any other matters concerning me with said representative and are asked to assist him/her on the current investigation.

This authorization includes release of information concerning background, testing, and treatment of drug and alcohol abuse, drug-related conditions, alcoholism, psychiatric/psychological conditions, Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), and/or tests for antibodies to the AIDS virus (HIV).

Lee E Moore
Client's Signature

WITNESS:

10/26/99

PUBLIC DEFENDERS OFFICE
8 EAST LONG STREET

COLUMBUS, OH 43215

LEE MOORE
24174

DEAR REQUESTOR:

We are returning your request for medical information on the above named patient. We cannot honor this request for the following reasons:

CHART UNAVAILABLE
CHART UNAVAILABLE

If you still need the information, please re-request it within 30 days. Be sure to include your original letter.

If you have any questions, please contact us and we will be happy to further assist you.

Please refer to transaction number 24174 in all future correspondence regarding this request.

Thank you
MEDICAL RECORDS
(513)584-6188

The University Hospital
234 Goodman Street
Cincinnati, Ohio 45219